

C.A.R.E. PROGRAM

Credit Abuse Resistance Education Program

CARE Program Presentation Request

Thank you for your interest in the CARE Program!
To schedule a CARE Program Presentation at your school or organization,
please complete this request form.

Please E-mail this form as a PDF attachment to Karen_Nickerson@casb.uscourts.gov
(see directions below) or fax to (619) 557-6925.
Send via mail to: Karen Nickerson, CARE Program
U.S. Bankruptcy Court - Southern District of California
325 West F Street, San Diego CA 92101-6989

School / District	School phone
School Address	City ZIP
Your name	Your phone
Your E-mail address	Your title/department

Please indicate the **total number of students** expected at **all** presentations: _____

Please indicate three choices for presentation dates and times:

Presentation Date (1 st choice)	Time*
Presentation Date (2 nd choice)	Time*
Presentation Date (3 rd choice)	Time*

*Within the timeframe I have listed in my three choices above, there are ____ school periods.

The form is in fillable Portable Document Format (PDF),
which you can complete on your computer using Adobe Acrobat. Simply type the requested information and save a copy
of the completed form to your computer. Then attach the completed PDF to an E-mail message addressed to

Karen_Nickerson@casb.uscourts.gov

Also, you can complete the form, print it, fax it, or send it to the address above.

The class times are as follows:

This period...	Runs from...	To...
<i>Example:</i>		
<i>Period 1</i>	<i>8:00 am</i>	<i>8:40 am</i>

Where will the
CARE presentation(s)
be held?
(check one)

☐
☐
☐

In a classroom
In the school's auditorium
In another room _____

(please specify)

To assist the CARE Program presenter(s), please provide directions for
(1) visitor parking and (2) contacting you upon arrival at the school:

(1)

(2)

*To help us with our presentation, please complete the Equipment Checklist
that appears on the next page. (The Equipment Checklist also is in PDF format.)*

CARE Program Equipment Checklist

School: _____

Scheduled date(s): _____

Contact person: _____

Contact telephone or E-mail: _____

The CARE Program presentation involves showing a CARE PowerPoint presentation. So that we can run the PowerPoint program, please check the box(es) if the school has:

- ☐ A computer or laptop running Microsoft PowerPoint software
- ☐ An LCD projector
- ☐ A projection screen
- ☐ An audio-visual person who can assist with sound and video hookups

The CARE Program presentation also includes showing a DVD called "*Things I Learned the Hard Way*". So that we can play the DVD, please check the box(es) if your school has:

- ☐ A DVD player or television monitor & DVD player combination

If the presentation will be held in a large auditorium, **in addition to the above items**, please check the box(es) if the auditorium has:

- ☐ A sound system
- ☐ A projection screen

**Please return this form via fax (619) 557-6925
or as attachment by E-mail:
Karen_Nickerson@casb.uscourts.gov**